

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (received)
AUG 08 2017 11:19
Bayfield County Zoning
ENTERED
Permit #: 17-0387
Date: 8-15-17
Amount Paid: \$90 8-24-16
Refund: \$100 8-24-16
5-1-17

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: JAMES T LUPTHEGROVE
Address of Property: 67145 ORLOWSKI RD
City/State/Zip: 1860 RIVER BL 54847
Cell Phone: 715-817-1181
Contractor: NOBLE
Contractor Phone: Plumber:
Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone: Agent Mailing Address (include City/State/Zip):
Plumber Phone:

PROJECT LOCATION: Legal Description: (Use Tax Statement)
1/4, 1/4 Gov't Lot 4 Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:
Section 14, Township 47 N, Range 9 W Town of: HUENTES
Lot Size Acreage

☒ Shoreland → ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue → Distance Structure is from Shoreline: feet
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue → Distance Structure is from Shoreline: 150 feet
☐ Non-Shoreland

Is Property in Floodplain Zone? ☐ Yes ☒ No Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material \$30000

Project # of Stories and/or basement Use # of bedrooms What Type of Sewer/Sanitary System Is on the property? Water

☒ New Construction ☒ 1 Story ☐ Seasonal ☐ 1 ☐ Municipal/City Specify Type: ☒ City
☐ Addition/Alteration ☒ 1 Story + Loft ☒ Year Round ☐ 2 ☐ (New) Sanitary Specify Type: ☒ Sewer
☐ Conversion ☐ 2 Story ☐ 3 ☐ Sanitary (Exists) Specify Type: ☒ Sewer
☐ Relocate (existing bldg) ☐ Basement ☐ 3 ☐ Privy (Pit) or Vaulted (min 200 gallon)
☐ Run a Business on Property ☐ No Basement ☒ None ☐ Portable (w/service contract)
☐ Foundation ☐ Compost Toilet ☐ None

Existing Structure: (if permit being applied for is relevant to it) Length: 40 Width: 32 Height: 19'
Proposed Construction: Length: 40 Width: 32 Height: 19'

Proposed Use ✓ Proposed Structure Dimensions Square Footage

☐ Principal Structure (first structure on property) ()
☐ Residence (i.e. cabin, hunting shack, etc.) ()
☐ with Loft ()
☐ with a Porch ()
☐ with (2nd) Deck ()
☐ with a Deck ()
☐ with (2nd) Deck with Attached Garage ()
☐ Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities) ()
☐ Mobile Home (manufactured date) ()
☐ Addition/Alteration (specify) ()
☐ Accessory Building (specify) STABLE GARAGE (40 x 32) 1280
☐ Accessory Building Addition/Alteration (specify) ()
☐ Special Use: (explain) ()
☐ Conditional Use: (explain) ()
☐ Other: (explain) ()

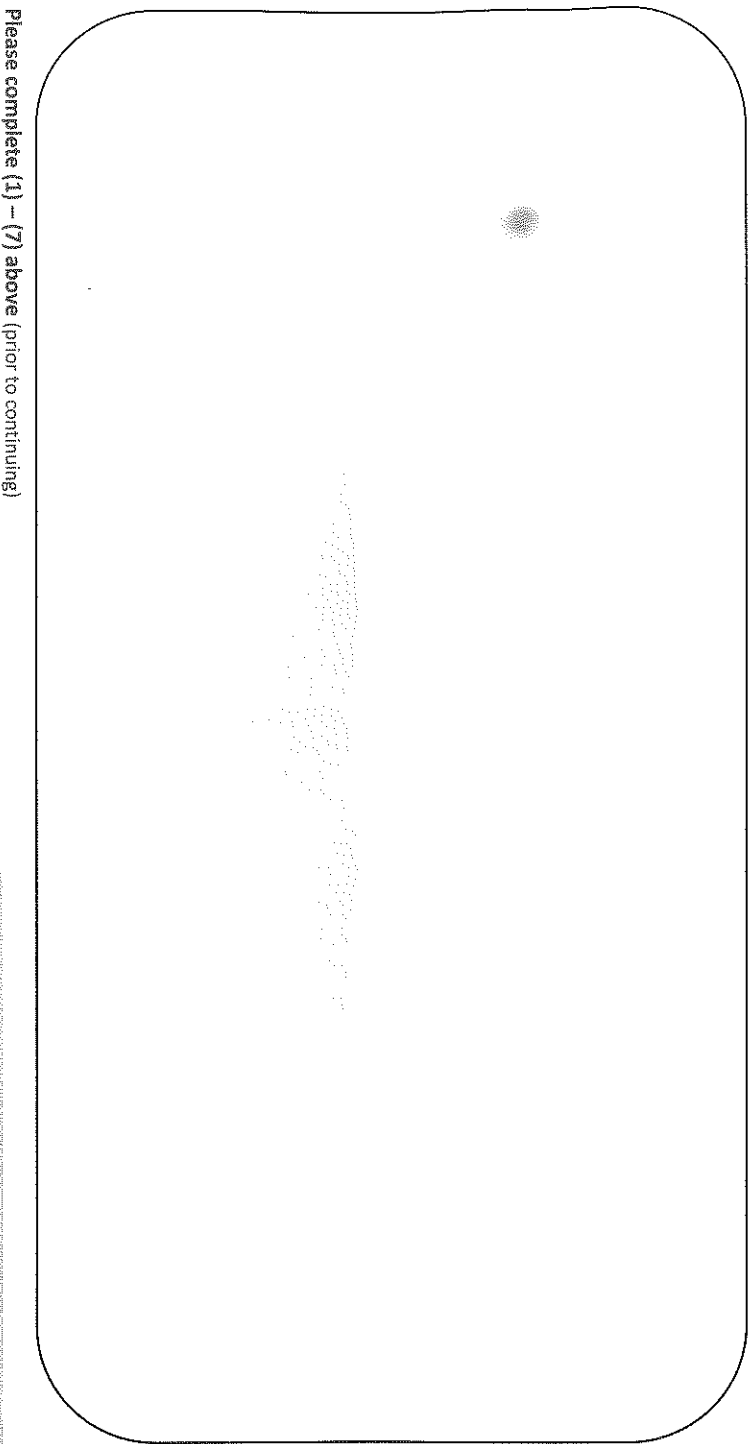
☐ Residential Use
☒ Residential Use
☐ Recreational Use
AUG 15 2017
☐ Secretarial Staff
☐ Secretarial Staff

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) and I (we) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) and I (we) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owners: Mrs. Lupthegrove Date 08/02/2017
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: (If you recently purchased the property send your Recorded Deed Attach Copy of Tax Statement)

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	350 Feet	Setback from the Lake (ordinary high-water mark)	150 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	150 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	350 Feet	Setback from Wetland	48 Feet
Setback from the West Lot Line	12 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	51 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	44 Feet	Setback to Well	45 Feet
Setback to Drain Field	48 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

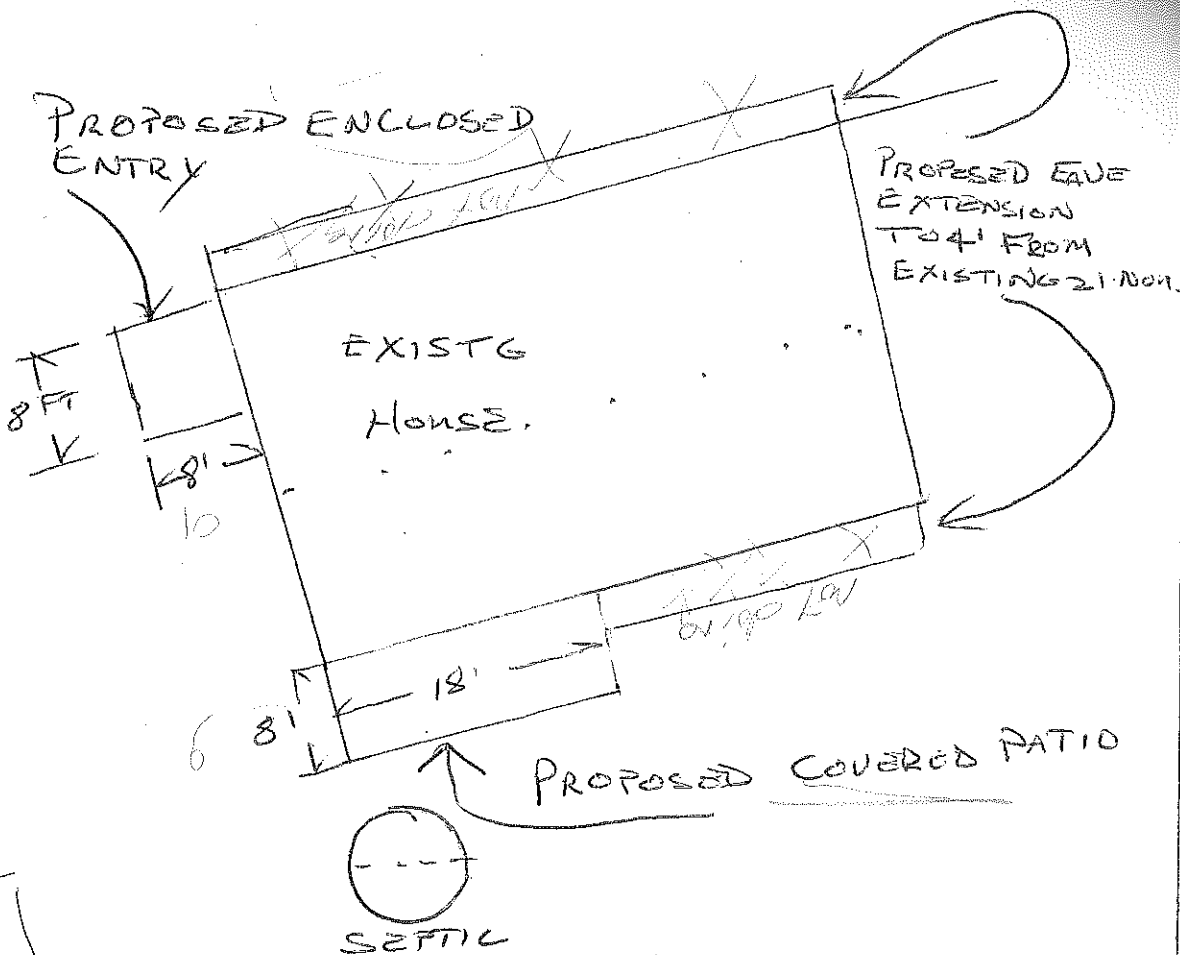
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: 17-0387		Permit Date: 8-15-17					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deed of Record	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: owner present at time of inspection for amendment to memo garage to west side of		Zoning District		Date of Re-Inspection:			
Date of Inspection: 6-27-17 - permit		Inspected by: 1c Murphy					
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached.)		Building shall not be used for human habitation w/o sleeping purpose + shall be located at least 10' from the property line including the area.		Date of Approval: 8-14-17			
Signature of Inspector:		Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
		Hold For Fees: <input type="checkbox"/>					

MEANDERING LAKE SHORE

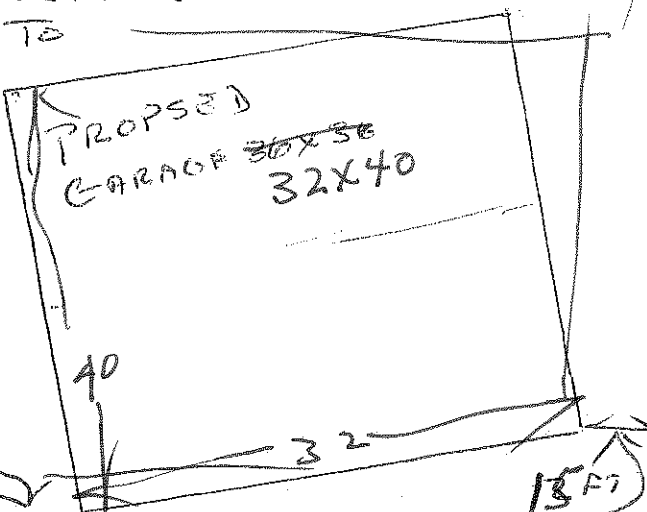
EXISTG. SHED

EXISTING HOUSE EAVE 85 FT FROM HIGH WATER MARK OF DEEP LAKE



NOT TO SCALE

SITE WORK INCLUDES RELOCATION OF DRIVEWAY TO WEST, LOWERING & REMOVE OF ENOUGH OF FORMER RR GRADE TO ACCOMODATE DRIVEWAY & CREATE GRADUAL TRANSITION TO SOUTH & EAST. REGRADING TO ENHANCE DRAINAGE & TURNING AREA



TO ORLOWSE, RD
275 FT APPROX

TO DRAIN FIELD 100 FT APPROX

WALL
EAST
PARALLEL
TO PROP
LINE
10/19/16

Also Be Required
USE - X
SANITARY -
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0327** Issued To: **James Upthegrove**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **14** Township **47** N. Range **9** W. Town of **Hughes**

Part of

Gov't Lot **4** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Garage (40' x 32') = 1,280 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation and/or sleeping purposes and shall be located at least 10' from the property line including the eaves.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

August 15, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED
JUL 25 2017

500.00 To Bayfield Co Zoning
\$ 30 to Bayfield Deeds
Permit #: 17-0389
Date: 8-16-17
Amount Paid: 125
175
TBA
Refund: 175

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☒ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Steven T. Milward	Mailing Address: 1838 State Hwy 178 Jim Falls, WI 54748	City/State/Zip: Jim Falls, WI 54748	Telephone: 715-579-0404
Address of Property: X Reno Rd	City/State/Zip: Iron River, WI	Contractor Phone: 715-579-0370	Plumber: 715-579-0404
Contractor: Rid Cedric Beatable Bldg	Agent Phone: 715-579-0370	Agent Mailing Address (include City/State/Zip):	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2016 R- 565402		
PROJECT LOCATION Sec 1/4, N1/4	Legal Description: (Use Tax Statement) 18043	Tax ID# (4-5 digits)	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2016 R- 565402
Gov't Lot	Lot(s)	CSM	Vol & Page
Lot(s)	CSM	Vol & Page	Lot(s) No.
Block(s) No.	Subdivision:	Lot Size	Acreage 40
Section 03 , Township 46 N , Range 09 W , Town of: HUGHES			

<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If Yes---continue -->	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	<input type="checkbox"/> If Yes---continue -->	Distance Structure is from Shoreline: feet	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 20,000	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well N/A

Existing Structure: (if permit being applied for is relevant to it)	Length: 44'	Width: 16'	Height: 13'
Proposed Construction:	Length: 44'	Width: 16'	Height: 13'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) Residential Use 2017	Principal Structure (first structure on property) with Loft - Shake Shack Bldg with a Porch - Entry Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(14 x 16) (10 x 10) (16 x 4) (1 x 1) (1 x 1) (1 x 1) (1 x 1)	704 100 64 1 1 1 1
<input type="checkbox"/> Mobile Home (manufactured date)	Mobile Home (manufactured date)	(1 x 1)	1
<input type="checkbox"/> Addition/Alteration (specify)	Addition/Alteration (specify)	(1 x 1)	1
<input type="checkbox"/> Accessory Building (specify)	Accessory Building (specify)	(1 x 1)	1
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	Accessory Building Addition/Alteration (specify)	(1 x 1)	1
<input type="checkbox"/> Special Use: (explain)	Special Use: (explain)	(1 x 1)	1
<input type="checkbox"/> Conditional Use: (explain)	Conditional Use: (explain)	(1 x 1)	1
<input type="checkbox"/> Other: (explain)	Other: (explain)	(1 x 1)	1

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County reliance on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and reasonable time for the purpose of inspection.

Owner(s): **Steven T. Milward** Date **7-25-17**
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

City, Village, State or Federal
Units May Also Be Required

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

LAND USE – X
SANITARY – Pit Privy
SIGN –
SPECIAL – Class A
CONDITIONAL –
BOA –

No. **17-0329** Issued To: **Steven & Lynne Milward**

Location: **SW** ¼ of **NW** ¼ Section **3** Township **46** N. Range **9** W. Town of **Hughes**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Use:** [**1.5- Story; Residence (44' x 16') = 704 sq. ft. Loft (10' x 10') = 100 sq. ft.;**
Porch (16' x 4') = 64 sq. ft.] Total Overall = 768 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No water under pressure to enter structure unless structure is served by a code compliant POWTS. Must contact local UDC inspection agency and secure a UDC permit prior to start of construction.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found
to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not
completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

August 16, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



ENTERED
Permit #: 17-0331
Date: 8-16-17

Amount Paid: 75 8-10-17
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

(Visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Bert Dornston</u>	Mailing Address: <u>69575 Range Line Rd Iron River WI 54847</u>	City/State/Zip: <u>Iron River WI 54847</u>	Telephone: <u>715-372-5190</u>
Address of Property: <u>69575 Range Line Rd</u>	City/State/Zip: <u>Iron River WI 54847</u>	Cell Phone: <u>218-340-0171</u>	
Contractor: <u>Homeowner</u>	Contractor Phone: <u></u>	Plumber: <u></u>	Plumber Phone: <u></u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u></u>	Agent Mailing Address (include City/State/Zip): <u></u>	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>SE 1/4, NE 1/4</u>	Legal Description: (Use Tax Statement) <u>Pin: (23 digits) 04-022-2-47-09-01-1 04-000-11000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>975</u> Page(s) <u>118</u>	
Gov't Lot: <u></u>	Lot(s): <u></u>	CSM: <u></u>	Vol & Page: <u></u>
Lot(s): <u></u>	CSM: <u></u>	Vol & Page: <u></u>	Lot(s) No. <u></u>
Block(s) No. <u></u>	Subdivision: <u></u>	Lot Size: <u>660x660</u>	Acreage: <u>10</u>
Section <u>1</u> , Township <u>43 N</u> , Range <u>9 W</u>	Town of: <u>Hughes</u>	Distance Structure is from Shoreline: <u></u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Shoreland <u>→</u>	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or landward side of Floodplain? <u>→</u>	Distance Structure is from Shoreline: <u></u> feet	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <u>→</u>	Distance Structure is from Shoreline: <u></u> feet	

Value at Time of Completion * Include donated time & material <u>\$ 1500.00</u>	Project (What are you applying for?) <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	# of Stories and/or basement <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input checked="" type="checkbox"/> No Basement <input type="checkbox"/> Foundation	Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> 3 <input type="checkbox"/> None	# of bedrooms <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	What Type of Sewer/Sanitary System is on the property? <u>Septic with Mound</u>	Water <input type="checkbox"/> City <input checked="" type="checkbox"/> Well
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Existing Structure: (if permit being applied for is relevant to it)	Length: <u>45</u>	Width: <u>36</u>	Height: <u>15</u>
Proposed Construction:	Length: <u>27</u>	Width: <u>10</u>	Height: <u>3</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with Loft	<input type="checkbox"/> with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> with (2 nd) Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/> with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Secretarial Staff	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Mobile Home (manufactured date) <u></u>	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Deck</u>	(<input type="checkbox"/> 10 X <input type="checkbox"/> 27)	<u>270</u>
	<input type="checkbox"/> Accessory Building (specify) <u></u>	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u></u>	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Special Use: (explain) <u></u>	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Conditional Use: (explain) <u></u>	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Other: (explain) <u></u>	(<input type="checkbox"/> X <input type="checkbox"/>)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

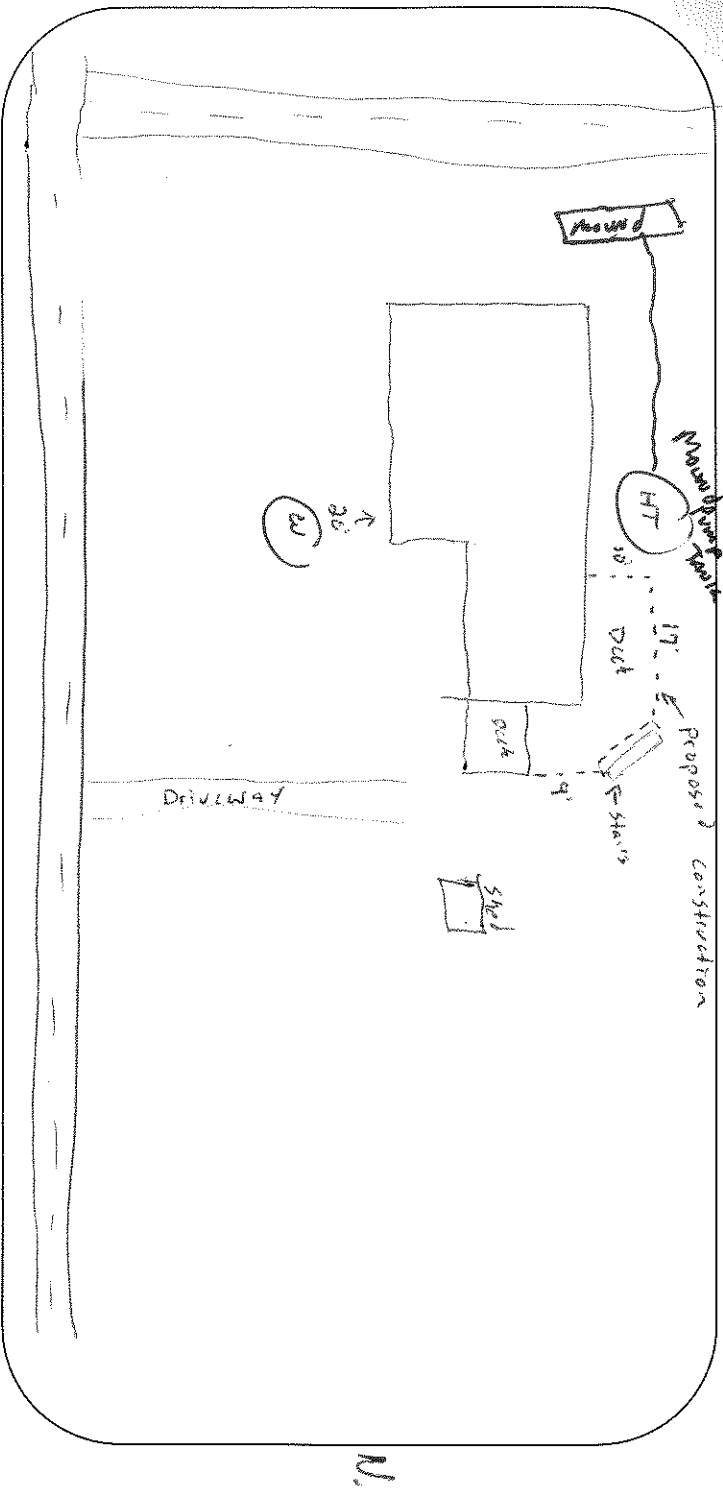
Owner(s): [Signature] Date 8/19/17
(if there are Multiple Owners listed on the Deed, all Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: [Signature] Date
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of:**
- Show / Indicate:
North (N) on Plot Plan
 - Show Location of (*):
Frontage Road (Name Frontage Road)
 - Show:
All Existing Structures on your Property
 - Show:
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - Show any (*):
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - Show any (*):
(*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	196 Feet	Setback from the Lake (ordinary high water mark)	Feet
Setback from the Established Right-of-Way	163 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	372 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	243 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	401 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	7 Feet	Setback to Well	20 Feet
Setback to Drain Field	60 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 17-775	# of bedrooms: 2	Sanitary Date: 8/9/17		
Permit Denied (Date):	Reason for Denial:					
Permit #: 17-0331	Permit Date: 8-16-17					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previous/Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: NA		
Granted by Variance (B.O.A.)	Case #: NA					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: As Property For Planned Installation. Project located as represented appears to be Code Compliance. OK to Issue LU Permit.						
Date of Inspection: 8/14/2017	Inspected by: Robert Schirman	Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)						
Signature of Inspector: NMC [Signature]						
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

City, Village, State or Federal
May Also Be Required

LAND USE - X
SANITARY -
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0331** Issued To: **Bret Ormstron**

S ½ E ½
Location: **SE ¼ of NE ¼** Section **1** Township **47** N. Range **9** W. Town of **Hughes**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Addition / Alteration: [1- Story; Deck (10' x 27') = 270 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

August 16, 2017

Date